Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

<u>MEMORANDUM</u>

TO: Vermont Mental Health Performance Indicator Project

Advisory Group and Interested Parties

FROM: John Pandiani

Sheila Pomeroy

DATE: June 29, 2001

RE: Utilization of "Traditional" Anti-psychotic Medication by CRT Clients

Last week's PIP provided a comparison of rates of utilization of new generation "atypical" anti-psychotic medications by male and female clients of CRT programs in two diagnostic categories (schizophrenia and non-schizophrenia) (http://www.state.vt.us/dmh/data/PIPs/2001/pip062201.pdf). This analysis is part of our examination of the use of atypical anti-psychotic medications we are conducting for the Sixteen State Performance Indicator Project. This week's PIP examines utilization of traditional anti-psychotic medications by the same four groups of people (male and female CRT clients with schizophrenia and not-schizophrenia diagnoses). (A list of the medications included in this analysis appears at the bottom of the attached pages.)

As in the earlier analyses, the information used in this analysis was obtained from a combination of the Medicaid paid claims database and the Monthly Service Report data submitted to DDMHS by designated community mental health agencies. A description of the basic procedures for analyzing the Medicaid data is provided in the December 8 PIP (http://www.state.vt.us/dmh/data/PIPs/2000/pip120800.pdf). As in previous analysis, the Medicaid data were linked with MSR data to obtain information on program assignment and diagnosis.

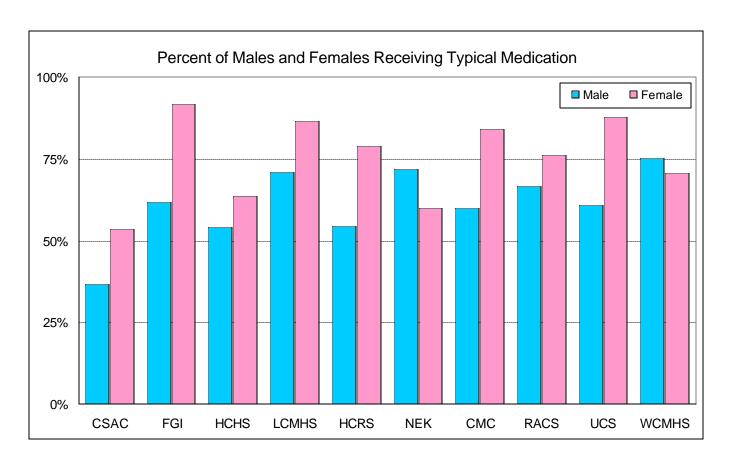
As you will see, CRT clients with a schizophrenia diagnosis and CRT clients without a schizophrenia diagnosis were about equally likely to receive traditional anti-psychotic medications (67% vs. 65%), and this pattern holds for both men and women.

Within diagnostic groups, however, there are consistent differences in the rate at which men and women receive traditional anti-psychotic medications. In both diagnostic groups, women tend to be more likely than men to receive the traditional medications. Women with a diagnosis of schizophrenia were more likely to receive traditional anti-psychotic medications than men with a diagnosis of schizophrenia in eight of our ten CRT programs (women were less likely to receive traditional anti-psychotics in only one CRT program). This pattern is also evident when we examine treatment patterns for CRT clients who do not have a diagnosis of schizophrenia.

In this group, women were more likely than men to receive traditional anti-psychotic medications in nine of our ten CRT programs. Washington County Mental Health was the only program at which men and women received traditional anti-psychotic medications at about the same rate (±5%).

We look forward to your comments and interpretation of these findings, and your suggestions for further analysis of these data. As always, you can reach us at 802-241-2638 or jpandiani@ddmhs.state.vt.us.

CRT Medicaid Clients With Schizophrenia Diagnosis Receiving Typical Anti-Psychotic Medications Paid for by Medicaid By Clinic: FY1999



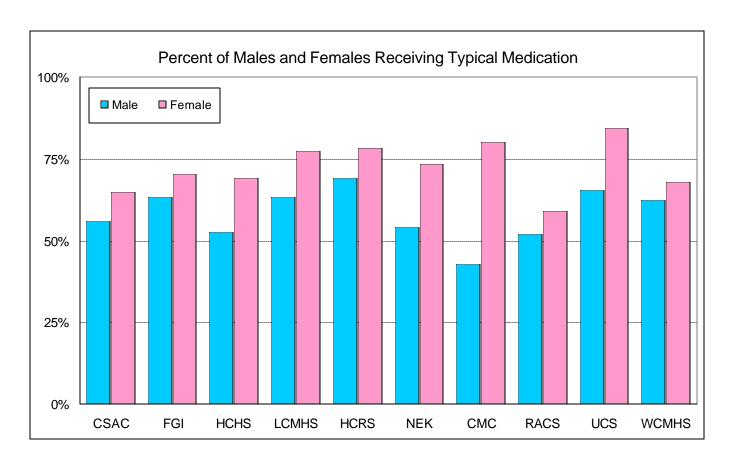
		CI	CRT Medicaid Clients		Gender					
		with Schizophrenia Diagnosis			Male			Female		
			Receiving Typical Anti-			Receiving Typical Anti-			Receiving Typical Anti-	
			Psychotic Medication			Psychotic Medication			Psychotic Medication	
Clinic		Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Addison	- CSAC	58	26	45%	30	11	37%	28	15	54%
Northwest	- NCSS	78	59	76%	42	26	62%	36	33	92%
Chittenden	-HCHS	264	152	58%	168	91	54%	96	61	64%
Lamoille	-LCMHS	75	59	79%	38	27	71%	37	32	86%
Southeast	-HCRSSV	41	27	66%	22	12	55%	19	15	79%
Northeast	-NEK	107	71	66%	57	41	72%	50	30	60%
Orange	-CMC	45	33	73%	20	12	60%	25	21	84%
Rutland	-RACS	137	97	71%	78	52	67%	59	45	76%
Bennington	-UCS	61	46	75%	28	17	61%	33	29	88%
Washington	-WCMHS	192	140	73%	93	70	75%	99	70	71%
Total		1058	710	67%	576	359	62%	482	351	73%

Based on analysis of Medicaid Paid Claims files.

Schizophrenia diagnosis includes DSM IV codes 295.00 thru 296.00.

Typical Anti-Psychotic Medications include Chlorpromazine, Mesoridazine, Triffuoperazine, Fluphenazine, Molindone, Thioridazine, Haloperidol, Perphenazine, Thiothixene, Loxapine, Pimozide.

CRT Medicaid Clients With No Schizophrenia Diagnosis Receiving Typical Anti-Psychotic Medications Paid for by Medicaid By Clinic: FY1999



	CRT Medicaid Clients with			Gender						
		No Schizophrenia Diagnosis			Male			Female		
			Receiving Typical Anti-			Receiving Typical Anti-			Receiving Typical Anti-	
			Psychotic Medication			Psychotic Medication			Psychotic Medication	
Clinic		Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
Addison	- CSAC	79	49	62%	25	14	56%	54	35	65%
Northwest	- NCSS	105	71	68%	41	26	63%	64	45	70%
Chittenden	-HCHS	265	161	61%	135	71	53%	130	90	69%
Lamoille	-LCMHS	41	29	71%	19	12	63%	22	17	77%
Southeast	-HCRSSV	80	60	75%	29	20	69%	51	40	78%
Northeast	-NEK	204	136	67%	72	39	54%	132	97	73%
Orange	-CMC	41	25	61%	21	9	43%	20	16	80%
Rutland	-RACS	141	80	57%	48	25	52%	93	55	59%
Bennington	-UCS	103	82	80%	26	17	65%	77	65	84%
Washington	-WCMHS	201	132	66%	77	48	62%	124	84	68%
Total		1260	825	65%	493	281	57%	767	544	71%

Based on analysis of Medicaid Paid Claims files.

Schizophrenia diagnosis includes DSM IV codes 295.00 thru 296.00.

Typical Anti-Psychotic Medications include Chlorpromazine, Mesoridazine, Triffuoperazine, Fluphenazine, Molindone, Thioridazine, Haloperidol, Perphenazine, Thiothixene, Loxapine, Pimozide.